SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 1/08



Electronic Filing

Page 1 of 56

SUMMARY PAGE

1.NAME OF COMMITTEE							2. TYPE OF COMMITTEE				
Friends Of Debra Haus	er 2010						x	Candidate Committee Exploratory Committee			
3. TREASURER NAME											
Title	First Sabrina			MI F	Last Bruno			Suffix			
4. TREASURER ADDRESS											
Street Address			City			State		Zip Code			
107 Canner St			New H	Haven		СТ		06511			
5. ELECTION DATE			6. O	FFICE SOUG	HT (if applicable)		7. DISTR	ICT CODE (if applicable)			
11/02/2010		State Representativ	/e				R096				
8. CANDIDATE NAME	•		_								
Title	First Debra			MI P.	Last Hauser			Suffix			
9. TYPE OF REPORT		•									
July 10 Filing - Original											
10. PERIOD COVERED											
		Beginning Date			Ending Date						
		04/01/2010	thru	1	06/30/2010						
			11. CER	TIFICATION							
	ed Campaig	under penalties of false gn Finance Disclosure			of the information set forth period covered is true,						
Electronic Filing		Ronald Osach			07/12	2/2010					
SIGNATURE		PRINT NAME OF THI	E SIGNE	ER		CERTIFIED					
					LE BY FINE NOT TO EXCEED IAN ONE YEAR, OR BOTH.						

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement Candidates for Statewide Offices and General Assembly CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 1/08

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
Friends Of Debra Hauser 2010	Original 07/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$100.00	
14. Contributions received from Individuals (Section A and B)	\$7,320.00	\$7,420.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-I)	\$15,000.00	\$15,000.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$22,320.00	\$22,420.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$22,420.00	\$22,420.00
20. Expenses Paid by Committee (Section N)	\$12,833.90	\$12,833.90
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$9,586.10	\$9,586.10
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$151.00	\$151.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$9,162.46	\$10,595.51
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$4,114.46	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$4,126.71	

		I. MONETAR	Y RECE	EIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Friends Of Debra Hauser 2010									Origina	al 07/12/2010
A. Total Contributions from	n Small (Contributors-Recei	ved this	Perio	d ONLY	,				
(See instructions for definition of Small						total Section A	\$0.00			
		B. Itemized Con	ributions	s from	Individu	als				
Last Name	First Name		M	ЛI	Method of o	contribution:		Contribution	n ID#	Amount of
Styron	Tom				Cash Money	Order X Persona Credit/I	l Check Debit Card	0004		Contribution
Residential Street Address	-	City	-		State	Zip Code	D	ate Received		
176 Ives St		Hamden			СТ	06518	0	4/01/2010)	
Principal Occupation		Name of Employer				Is this contribution asso			Yes	
Psychologist		Yale University				fundraising event listed If yes, list Event #	in Section J	x	No	
Is contributor a principal of a state contractor	or prospective	Yes	No Is	s contribu	ıtor a lobbyist	, spouse, or	Aggre	gate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of				ependent	child of a lob	byist?	715510	-	50.00	\$250.00
government the contract is with:	<u> </u>	Executive Legislative		Y	es X	No				
Last Name	First Name		M			contribution:	1.61 1	Contribution	n ID#	Amount of
Styron	Phoebe		P	,	Cash Money	= =	Debit Card	0074		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
176 Ives St		Hamden			СТ	06518	0	4/01/2010)	
Principal Occupation		Name of Employer				Is this contribution asso	ciated with	a \square	Yes	
None		Self				fundraising event listed If yes, list Event #	in Section J	11?	No	
Is contributor a principal of a state contractor	or prospective	Yes X	la la	a contribu	ıtor a lobbyist	-	Τ.	- "		
state contractor?	or prospective	Yes X			child of a lob		Aggre	gate Contribut \$2	50.00	\$250.00
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		Y	es x	No				1
Last Name	First Name		M	ЛI	Method of o	contribution:		Contribution	n ID#	Amount of
Birdwhistell	Nan		M	1	Cash Money	V Order Persona	l Check Debit Card	0005		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
16 Cleft Rock Ln		Woodbridge			CT	06525		4/05/2010)	
Principal Occupation		Name of Employer				Is this contribution asso	ciated with	a \square	Yes	•
Attorney		Murtha Cullina LLP				fundraising event listed If yes, list Event #	in Section J	11?	No	
						-				
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X			itor a lobbyist child of a lob	-	Aggre	gate Contribut	tions 50.00	\$250.00
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		☐ Y	es x	No		Ψ 2	30.00	\$230.00
Last Name	First Name		M	ЛI	Method of o	contribution:		Contribution	n ID#	Amount of
Cappetta	Sharon				Cash	V Order	l Check Debit Card	0006		Contribution
Residential Street Address		City			State			ate Received		
137 Ford St		City Milford			CT	Zip Code 06461		4/05/2010)	
Principal Occupation		Name of Employer				Is this contribution asso	ciated with	a	Yes	
		Community Foundation	n for Grea	iter		fundraising event listed	in Section J	11?	No	
		New Haven				If yes, list Event #				
Is contributor a principal of a state contractor state contractor?	or prospective	Yes x			ntor a lobbyist	-	Aggre	gate Contribut		
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		Y		-		\$	50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Debra Hauser 2010									Origin	al 07/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI		contribution:		Contributi	on ID#	Amount of
Eder	Eileen			F	Cash Money	y Order X Personal C		0007		Contribution
Residential Street Address	•	City		•	State	Zip Code	Б	Pate Received		
167 Uncas Point Rd		Guilford			СТ	06437	0	04/06/201	0	
Principal Occupation		Name of Er Self	mployer			Is this contribution associ fundraising event listed in		J1?		
Artist, Teacher		Jeii		_		If yes, list Event#		L×	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		outor a lobbyis		Aggre	egate Contribu	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I '─	res x	,		5	\$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Campbell	Ken				Cash Mone	y Order Personal C		8000		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
141 Newton Rd		Woodbrid	lge		СТ	06525	0	04/08/201	0	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in		J1?	Yes	
Member		KEC EVI	LLC			If yes, list Event #		x	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		outor a lobbyis t child of a lob	-	Aggre	egate Contribu	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x	-		\$2	250.00	\$250.00
Last Name	First Name			MI	Method of	contribution:	•	Contributi	on ID#	Amount of
Williams	John			R	Cash Money	y Order Personal C		0009		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
1916 R St NW Apt 101		Washingt	on		DC	20009	_	04/08/201	0	ļ
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in		J12 L	_	
Project Manager		TOR, ETC	•	_		If yes, list Event #		L×	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		outor a lobbyis		Aggre	egate Contribu	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Î	res x	•		9	\$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:	•	Contributi	on ID#	Amount of
Citkowitz	Elena				Cash Money	y Order Personal C		0010		Contribution
Residential Street Address		City			State	Zip Code	Б	Date Received		
410 Livingston St		New Hav	en		СТ	06511	0	04/09/201	0	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in		J1?	Yes	
Doctor		St Kapha	ael Hospital			If yes, list Event #		×	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		outor a lobbyis	-	Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		t child of a lob res	-		\$:	100.00	\$100.00
go retinitent the contract is with.			_							1

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Debra Hauser 2010									Origin	al 07/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Simpson	Jan			А	Cash Money	y Order X Personal C		0012		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
240 Livingston St		New Have	en		CT	06511		4/10/2010)	
Principal Occupation		Name of En	mployer			Is this contribution associ	ated with	a	Yes	
Writing Tutor		Yale Univ	versity			fundraising event listed in If yes, list Event #	Section .	J1? x	No	
Is contributor a principal of a state contractor of state contractor?	or prospective	•	Yes X No		outor a lobbyis t child of a lob	-	Aggre	egate Contribu		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res X	No		\$	50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Schenck	Anne			F	Cash Money	y Order X Personal C		0011		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
171 Everit St		New Have	en		СТ	06511	0	4/10/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in			Yes	
Volunteer						If yes, list Event #		х	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		outor a lobbyis	-	Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		t child of a lob Tes	-		\$	50.00	\$50.00
government the contract is with: Last Name	First Name	Executive	Legislative	I MI		contribution:	<u> </u>			<u> </u>
Ciccolo	John			M	Cash	x Personal C	Check	Contribution 0013	on ID#	Amount of Contribution
		ı			Money	y Order Credit/De	bit Card	0013		
Residential Street Address		City	1		State	Zip Code		ate Received	,	
370 Amity Rd		Woodbrid			СТ	06525	_	4/13/2010	,	ł
Principal Occupation Attorney		Name of Er	_{nployer} Insurance Co			Is this contribution associ fundraising event listed in		J1?	Yes	
Attorney				_		If yes, list Event #	_	<u>[X</u>	No	
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		outor a lobbyis t child of a lob		Aggre	gate Contribu	itions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x	-		\$	50.00	\$50.00
Last Name	First Name			MI	1	contribution:		Contributio	on ID #	
Grubman	Eric			М	Cash	y Order Responsible Credit/De		0014)II ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code		ate Received		
2 Fox Den Way		Woodbrid	lge		CT	06525		4/13/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	İ
Physician		Cardiolog	gy Associates			fundraising event listed in If yes, list Event #	Section .	J1?	No	
Is contributor a principal of a state contractor of	or prospective	•	Yes X No		outor a lobbyis	-	Aggre	gate Contribu	itions	Ì
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	t child of a lob Yes	-		\$	20.00	\$20.00
government the contract is with:	ш	Executive	Legisiative	Т ,		INU	1			<u> </u>

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Debra Hauser 2010									Origin	al 07/12/2010
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
James	Shure			М	Cash Money	y Order Registration X Personal (0015		Contribution
Residential Street Address		City		1	State	Zip Code		ate Received		
334 Audubon Ct		New Hav	en		СТ	06511	0	4/14/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution assoc			Yes	
President		Robert E	. Shure, Inc. Funera	l Home		fundraising event listed in If yes, list Event #	n Section .	x	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		outor a lobbyis t child of a lob		Aggre	gate Contribu	itions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 —	Yes X	•		\$2	250.00	\$250.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Brockman	Herbert				Cash Money	y Order X Personal Credit/De		0016		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
345 Ridge Rd		Hamden			СТ	06517	0	4/15/2010)	
Principal Occupation		Name of Er				Is this contribution assoc fundraising event listed in		J1?	Yes	
Rabbi		Congreg	ation Mishkan Israel			If yes, list Event #		х	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependen	outor a lobbyis t child of a lob Yes	bbyist?	Aggre	gate Contribu	itions 50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:	<u> </u>	Contributio	on ID #	Amount of
Ross	Carol			F	Cash Money	y Order X Personal Credit/De		0017		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
160 E Rock Rd		New Hav	en		СТ	06511	0	4/15/2010)	
Principal Occupation		Name of Er retired	mployer			Is this contribution assoc fundraising event listed is		J1?	_	
retired teacher		retired				If yes, list Event#		<u>x</u>	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis		Aggre	gate Contribu	itions	ĺ
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		t child of a lob Yes	•		\$	50.00	\$50.00
Last Name	First Name			MI		contribution:		Contributio	on ID #	A
Levy	Mark				Cash	Personal of X Credit/De		0019	лг н⊅ #	Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
32 Hunting Hill Rd		Woodbrid	lge		СТ	06525	0	4/16/2010)	
Principal Occupation		Name of Er				Is this contribution assoc fundraising event listed in			Yes	
Executive		Honeywe	ell Int.			If yes, list Event #	. Doubli	х	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis		Aggre	gate Contribu	itions	Ì
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		t child of a lob Yes	•		\$2	250.00	\$250.00
government the contract is with:		LACCULIVE	Legislative			110	1			1

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Debra Hauser 2010									Origin	al 07/12/2010
		B. Ito	emized Contributi	ons from	Individu	ıals				
Last Name Firs	st Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Levy	net				Cash	v Order		0018		Contribution
					-			l		
Residential Street Address 32 Hunting Hill Rd		City Woodbrid	ge.		State CT	Zip Code 06525		ate Received 4/16/2010)	
					1 01	Is this contribution associ			1	
Principal Occupation homemaker		Name of En	nployer			fundraising event listed in		I1?	Yes	
Homemaker		., -				If yes, list Event #		ĮΧ	No	
Is contributor a principal of a state contractor or pro	ospective		Yes X No		utor a lobbyis	-	Aggre	gate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of				Î	child of a lob	•		\$2	250.00	\$250.00
government the contract is with:		Executive	Legislative	+ -	1		<u> </u>	1		
	st Name			MI	Method of Cash	contribution:	heck	Contributio	on ID #	Amount of Contribution
Daneliberg	рина					y Order Credit/Del		0020		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
1001 Queen Anne Ave N Apt 4		Seattle			WA	98109	0	4/16/2010)	
Principal Occupation		Name of En	nployer		•	Is this contribution associ			Yes	
Environment		Boeing				fundraising event listed in If yes, list Event #	Section .	11?	No	
To a shift the same of the sam			Yes X No			-	ī			
Is contributor a principal of a state contractor or pro- state contractor?	ospective		Yes X No		utor a lobbyis child of a lob	-	Aggre	gate Contribu	tions 50.00	\$50.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	□ Y	res x	No		₽	50.00	\$30.00
Last Name Firs	st Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Long	ау			М	Cash	X Personal C		0021		Contribution
						y Order Credit/Del		<u> </u>		
Residential Street Address 180 E Rock Rd		City New Have	an.		State CT	Zip Code 06511		ate Received 4/17/2010	1	
					<u> </u>				•	
Principal Occupation Psychologist		Name of En	nployer			Is this contribution associ- fundraising event listed in		I1?	Yes	
rsychologist		Sen				If yes, list Event #		<u> x</u>	No	
Is contributor a principal of a state contractor or pro	ospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of				Î	child of a lob	•		\$	50.00	\$50.00
government the contract is with:		Executive	Legislative	+ -	1		<u> </u>	1		<u> </u>
	st Name			MI B	Method of Cash	contribution:	`heck	Contributio	on ID#	Amount of
Ritter	izabeth			B	_	y Order Credit/Del		0022		Contribution
Residential Street Address		City		-	State	Zip Code	D	ate Received		
24 Old Mill Rd		Quaker H	ill		СТ	06375	0	4/17/2010)	
Principal Occupation		Name of En	nployer		•	Is this contribution associ	ated with	a	Yes	
Legislator		State of	Connecticut			fundraising event listed in If yes, list Event #	Section .	11? x	No	
				_		-	1			
Is contributor a principal of a state contractor or pro- state contractor?	ospective		Yes X No		utor a lobbyis child of a lob	-	Aggre	gate Contribu		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y		-		\$	50.00	\$50.00
				-						1

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Debra Hauser 2010									Origin	al 07/12/2010
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Magun	Marsha				Cash Money	y Order X Personal C		0060		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
37 Point Beach Dr		Milford			СТ	06460	0	4/19/2010)	
Principal Occupation		Name of E	mployer		•	Is this contribution associ			Yes	Ī
Psychotherapist		The Way	nik Group			fundraising event listed in If yes, list Event #	Section .	11?	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	itions	İ
state contractor? Is yes, indicate which branch or branches of					child of a lob	•		\$	50.00	\$50.00
government the contract is with:	<u></u>	Executive	Legislative	+-	res X			1		1
Last Name Gerber	First Name Cindy			MI	Method of Cash	contribution:	Check	Contributio	on ID #	Amount of Contribution
Gerber	Ciriuy					y Order Credit/De		0023		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
56 Deer Run Rd		Woodbrid	dge		СТ	06525	0	4/19/2010)	
Principal Occupation		Name of E	mployer			Is this contribution associ			Yes	
Freelance Writer		Self				fundraising event listed in If yes, list Event #	1 Section .	x	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob	-	Aggre	gate Contribu	itions	\$50.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	\ \ \ \ \ \ \ \ \	res X	No				7-2
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Pinkert	Shelly			0	Cash Money	y Order Personal C		0025		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
49 Country Club Dr		Woodbrid	dge		СТ	06525	0	4/20/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in			Yes	
none		none				If yes, list Event #		x	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	gate Contribu	itions	İ
state contractor? Is yes, indicate which branch or branches of					child of a lob	•		\$	50.00	\$50.00
government the contract is with:		Executive	Legislative	+ -	res x		<u> </u>	1		1
Last Name Saccente	First Name Mara			MI J	Method of Cash	contribution:	Check	Contributio	on ID #	Amount of Contribution
Saccente	l'iai a					y Order Credit/De		0063		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
524 Ridge Rd		Orange			СТ	06477	0	4/20/2010)]
Principal Occupation		Name of E	mployer	· ·	-	Is this contribution associ			Yes	
none		none				fundraising event listed in If yes, list Event #	i Section .	x	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis	-	Aggre	gate Contribu	itions	Ī
state contractor? Is yes, indicate which branch or branches of		P 2		1 '	child of a lob	•		\$	25.00	\$25.00
government the contract is with:		Executive	Legislative	Т п,	es	INO	1			

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Debra Hauser 2010									Origin	al 07/12/2010
		B. Ite	emized Contributi	ons from	Individu	ıals				
Last Name F	irst Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Ellant	ody			Р	Cash Money	X Personal C		0024		Contribution
Decidential Court Address		City			-	Zip Code		ate Received		
Residential Street Address 67 Deer Run Rd		City Woodbrid	lge		State CT	06525		14/20/2010)	
Principal Occupation		Name of En			<u> </u>	Is this contribution associa	ated with	а Г	Yes	†
Attorney		Self	npioyer			fundraising event listed in		J1?	No No	
,						If yes, list Event #		<u> </u>	No	
Is contributor a principal of a state contractor or p state contractor?	prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	tions	
Is yes, indicate which branch or branches of	П	Executive	Legislative	1 °—	res x	,		\$2	250.00	\$250.00
government the contract is with: Last Name F	irst Name			I —	1	contribution:		Contributio	ID //	<u> </u>
	eslie.			IVII	Cash	X Personal C	Check	0059	on ID#	Amount of Contribution
					Money	y Order Credit/Del	bit Card	0039		
Residential Street Address		City			State	Zip Code		ate Received		
132 Beach Ave		Milford			СТ	06460	0	4/20/2010)	
Principal Occupation		Name of En	nployer			Is this contribution association fundraising event listed in			Yes	
President		Iota Inc				If yes, list Event #		х	No	
Is contributor a principal of a state contractor or p	prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	tions	†
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		-	50.00	\$50.00
government the contract is with:	Ш	Executive	Legislative	L Y	res x	No		1		
	irst Name			MI		contribution:	Thools	Contributio	on ID#	Amount of
Vadala	Colleen			W	Cash Money	y Order Credit/Det		0070		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		1
344 Wood Pond Rd		Cheshire			СТ	06410	0	4/20/2010)	
Principal Occupation		Name of En	nployer		•	Is this contribution associa			Yes	
Administrator		Yale Univ	versity			fundraising event listed in If yes, list Event #	Section .	J1?	No	
Is contributor a principal of a state contractor or p	procpactiva		Yes X No	In contrib	utor a lobbyis	t analyse or	Τ.			
state contractor?	prospective		Yes X No		child of a lob		Aggre	egate Contribu	50.00	\$50.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res x	No		Ψ		\$50.00
Last Name F	irst Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Cabrera J.	orge				Cash Money	X Personal C		0026		Contribution
Decidential Court Address		Cit-			<u> </u>			ate Received		
Residential Street Address 28 Long Meadow Rd		City Hamden			State CT	Zip Code 06514		14/21/2010)	
Principal Occupation		Name of En	onlover		<u> </u>	Is this contribution associa	ated with	а Г	1	†
Consultant		self				fundraising event listed in		_{J1?} 🗀	Yes No	
						If yes, list Event #			1110	1
Is contributor a principal of a state contractor or p state contractor?	prospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contribu	tions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	T Y		-		\$	50.00	\$50.00
go retinitent the contract is with.							1			1

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Debra Hauser 2010									Origin	al 07/12/2010
		B. Itemiz	ed Contributio	ons from	Individu	ıals				
Last Name Marcus	First Name Barbara			MI F	Cash	contribution: X Personal C y Order Credit/De		Contribution 0029	on ID#	Amount of Contribution
Residential Street Address 99 W Meadow Rd		City Hamden			State CT	Zip Code 06518		ate Received 4/22/2010		
Principal Occupation Clinical Psychologist		Name of Employer Self	r			Is this contribution associ fundraising event listed in If yes, list Event # 04		1? C	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	utions 250.00	\$250.00
Last Name Zanuttini	First Name Raffaella			MI	Cash	contribution: X Personal C y Order Credit/De		Contribution 0030	on ID#	Amount of Contribution
Residential Street Address 20 Rogers Rd		City Hamden			State CT	Zip Code 06517		ate Received 4/22/2010		
Principal Occupation Professor		Name of Employer Yale Universit				Is this contribution associ fundraising event listed in If yes, list Event # 04			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob 'es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Chan	First Name Jenny			MI	Cash	contribution: X Personal C		Contribution 0031	on ID#	Amount of Contribution
Residential Street Address 55 Jackson Rd		City Hamden			State CT	Zip Code 06517		ate Received 4/22/2010		
Principal Occupation Graphic Designer		Name of Employer	r		-	Is this contribution associ fundraising event listed in If yes, list Event # 04			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	tions \$50.00	\$50.00
Last Name Goldstein	First Name Jonathan			MI	Cash	contribution: X Personal C y Order Credit/De		Contribution 0035	on ID#	Amount of Contribution
Residential Street Address 55 Jackson Rd		City Hamden			State CT	Zip Code 06517		ate Received 4/22/2010		
Principal Occupation Physician		Name of Employer Yale Universit			•	Is this contribution associ fundraising event listed in If yes, list Event # 04	Section J	1? C	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	tions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Friends Of Debra Hauser 2010							(Origina	ıl 07/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals				
Last Name Vaccino	First Name Kristina		MI	Cash	contribution: X Personal Cl	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 68 Harding Rd		City West Haven		State CT	Zip Code 06516		e Received /22/2010		
Principal Occupation Secretary		Name of Employer Heartcare Assoc			Is this contribution associa fundraising event listed in If yes, list Event # 042		11.	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution \$50	ns 0.00	\$50.00
Last Name Roush	First Name Gillian		MI R	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 177 Everit St		City New Haven		State CT	Zip Code 06511		e Received /22/2010		
Principal Occupation Lawyer		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event # 042		11,		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution \$250		\$250.00
Last Name Illick	First Name Alison		MI	Cash	contribution: X Personal Cl	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 4 Edgehill Rd		City New Haven		State CT	Zip Code 06511		e Received /22/2010		
Principal Occupation homemaker		Name of Employer none			Is this contribution associa fundraising event listed in If yes, list Event # 042				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution \$50	ns 0.00	\$50.00
Last Name Hittle	First Name Thomas		MI W	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 81 Meadow St		City New Haven		State CT	Zip Code 06512		e Received /22/2010		
Principal Occupation Contractor/ RE investor		Name of Employer Self (Tweed Landscape)			Is this contribution associa fundraising event listed in If yes, list Event # 042	Section J1?	11.		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution \$50	ns 0.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							FI	ILING	DUE DATE
Friends Of Debra Hauser 2010							0	riginal	1 07/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals		•		
Last Name Gottlieb	First Name Linda		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck	Contribution ID	O #	Amount of Contribution
Residential Street Address 22 Beachwood Rd		City Woodbridge		State CT	Zip Code 06525		Received 22/2010		
Principal Occupation Speech Language Pathologist		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event # 042		X Ye		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	e Contributions \$50.		\$50.00
Last Name Germe	First Name Mary		MI F	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck	Contribution ID	O #	Amount of Contribution
Residential Street Address 34 High Meadow Ln		City West Haven		State CT	Zip Code 06516		Received 22/2010		
Principal Occupation Billing Coordinator		Name of Employer Heartcare Assoc		•	Is this contribution associa fundraising event listed in If yes, list Event # 042		X Ye		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	te Contributions \$50.		\$50.00
Last Name Byrne	First Name Emily		MI	Cash	contribution: X Personal C	heck	Contribution ID	O #	Amount of Contribution
Residential Street Address 24 Lyon St		City New Haven		State CT	Zip Code 06511		Received 22/2010		
Principal Occupation Deputy Chief of Staff		Name of Employer City of New Haven			Is this contribution associa fundraising event listed in If yes, list Event # 042		X Ye		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	te Contributions \$100.		\$100.00
Last Name Lamb	First Name Jennifer		MI C	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck	Contribution ID	D#	Amount of Contribution
Residential Street Address 7 Pondwood Ct		City Hamden		State CT	Zip Code 06518		Received 22/2010		
Principal Occupation District Director for Congresswoman		Name of Employer Rosa DeLauro		•	Is this contribution associa fundraising event listed in If yes, list Event # 042	Section J1?	X Ye		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	te Contributions \$100.		\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Debra Hauser 2010									Origin	al 07/12/2010
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Sagar	Robert			L	Cash Money	v Order X Personal	Check ebit Card	0046		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
72 Ranchwood Dr		West Hav	ven		CT	06516		04/22/2010		
Principal Occupation CPA		Name of Er Self	nployer		-	Is this contribution associated fundraising event listed If yes, list Event # 0		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu	itions \$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Appelquist	Thomas				Cash Money	y Order X Personal Credit/D	Check ebit Card	0047		Contribution
Residential Street Address		City			State	Zip Code	Γ	Date Received		
400 Livingston St		New Hav	en		СТ	06511	C	04/22/2010)	
Principal Occupation		Name of Er	nployer		•	Is this contribution asso		1^	Yes	
Physicist		Yale Uni	versity			fundraising event listed If yes, list Event # 04			No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu	itions \$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Rehm-McCabe	Donna				Cash Money	y Order X Personal Credit/D	Check ebit Card	0048		Contribution
Residential Street Address		City			State	Zip Code	Γ	Date Received		
55 Filbert St		Hamden			СТ	06517	C	04/22/2010)	
Principal Occupation		Name of Er				Is this contribution asso fundraising event listed			Yes	
Accountant		Hoffman	Architects			If yes, list Event # 04			No	
Is contributor a principal of a state contractor of	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	it, spouse, or	Aggre	egate Contribu	itions	İ
state contractor? Is yes, indicate which branch or branches of	П		_		child of a lob	-		•	\$50.00	\$50.00
government the contract is with:		Executive	Legislative	+ -	res x			1		<u> </u>
Last Name Wain	First Name Stephanie	1		MI	Method of Cash	contribution:	Check	Contribution	on ID #	Amount of Contribution
Walli	эсерпатіс					y Order Credit/D	ebit Card	0049		Contribution
Residential Street Address		City			State	Zip Code	Г	Date Received		
44 Hampton Close		Orange			СТ	06477	C	04/22/2010	0	
Principal Occupation		Name of Er				Is this contribution asso fundraising event listed		1^	Yes	
Physician		Griffin Pa	athology Consultants	•		If yes, list Event # 04			No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	ıtions	İ
state contractor? Is yes, indicate which branch or branches of		P 2	П	dependent	child of a lob	-			\$50.00	\$50.00
government the contract is with:	니	Executive	Legislative		res 🔼	NO				1

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILI	NG DUE DATE
Friends Of Debra Hauser 2010							Orig	inal 07/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name Bruno	First Name Sabrina		MI F	Cash	contribution: X Personal Cl	neck 00	ontribution ID #	Amount of Contribution
Residential Street Address 107 Canner St		City New Haven		State CT	Zip Code 06511		eceived 2/2010	
Principal Occupation project Coordinator		Name of Employer City of New Haven		•	Is this contribution associa fundraising event listed in If yes, list Event # 042		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Osach	First Name Ila		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 00	ontribution ID #	Amount of Contribution
Residential Street Address 12 Richard Sweet Dr		City Woodbridge		State CT	Zip Code 06525		eceived 2/2010	
Principal Occupation Medical Billing Clerk		Name of Employer Heartcare Associates		•	Is this contribution associa fundraising event listed in If yes, list Event # 042		X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate (Contributions \$50.00	\$50.00
Last Name Baker Pepe	First Name Ann		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 00	ontribution ID #	Amount of Contribution
Residential Street Address 157 Santa Fe Ave		City Hamden		State CT	Zip Code 06517		eceived 2/2010	
Principal Occupation School Administrator		Name of Employer Foote School			Is this contribution associa fundraising event listed in If yes, list Event # 042	Section J1?	X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$50.00	\$50.00
Last Name Calder	First Name Gina		MI L	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 00	ontribution ID #	Amount of Contribution
Residential Street Address 182 Dwight St Apt 1F		City New Haven		State CT	Zip Code 06511		eceived 2/2010	
Principal Occupation Manager		Name of Employer Bridgeport hospital			Is this contribution associa fundraising event listed in If yes, list Event # 042	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILI	NG DUE DATE
Friends Of Debra Hauser 2010							Orig	inal 07/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals			
Last Name Blango	First Name Charles		MI A	Cash	contribution: X Personal Cl y Order Credit/Deb	heck OC	ontribution ID #	Amount of Contribution
Residential Street Address 197 Newhall St		City New Haven		State CT	Zip Code 06511		eceived 2/2010	
Principal Occupation Administrator		Name of Employer Board of Ed		•	Is this contribution associa fundraising event listed in If yes, list Event # 042		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$50.00	\$50.00
Last Name Luty	First Name Rebecca		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 00	ontribution ID #	Amount of Contribution
Residential Street Address 243 W Woods		City Hamden		State CT	Zip Code 06518		eceived 2/2010	
Principal Occupation Director		Name of Employer Congregation Mishkan Israel		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$50.00	\$50.00
Last Name Sager	First Name Susan		MI M	Cash	contribution: X Personal Cl y Order Credit/Deb	heck OC	ontribution ID #	Amount of Contribution
Residential Street Address 11 Mead Cir		City Ansonia		State CT	Zip Code 06401		eceived 2/2010	
Principal Occupation Bookkeeper		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event # 042		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$50.00	\$50.00
Last Name Gaffney	First Name Maureen		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck OC	ontribution ID#	Amount of Contribution
Residential Street Address 500 Prospect St Apt 4D		City New Haven		State CT	Zip Code 06511		eceived 2/2010	
Principal Occupation writer		Name of Employer self			Is this contribution associa fundraising event listed in If yes, list Event # 042	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Debra Hauser 2010							Origin	al 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name Ciaburri	First Name Marie		MI	Cash	contribution: X Personal Cl	neck 007	ribution ID#	Amount of Contribution
Residential Street Address 365 Mather St		City Hamden		State CT	Zip Code 06514	Date Rec		
Principal Occupation Billing Clerk		Name of Employer Heartcare Associates		•	Is this contribution associa fundraising event listed in If yes, list Event # 042		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	stributions \$25.00	\$25.00
Last Name Pacetta-Ullman	First Name Diana		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 005	ribution ID #	Amount of Contribution
Residential Street Address 111 Marvel Rd		City New Haven		State CT	Zip Code 06515	Date Reco		
Principal Occupation Education Administrator		Name of Employer State of CT - Dept of Correc	tions		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	stributions \$100.00	\$100.00
Last Name Schiff	First Name Susan		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 005	ribution ID#	Amount of Contribution
Residential Street Address 76 Woodfield Rd		City Woodbridge		State CT	Zip Code 06525	Date Rec 04/26/		
Principal Occupation Homemaker		Name of Employer none			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate Co	stributions \$50.00	\$50.00
Last Name Brownstein	First Name James		MI S	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 006	ribution ID #	Amount of Contribution
Residential Street Address 32 Woodside Dr		City Woodbridge		State CT	Zip Code 06520	Date Reco		
Principal Occupation Attorney		Name of Employer Kantrovitz & Brownstein, PC			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	stributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Debra Hauser 2010									Origin	al 07/12/2010
		B. It	temized Contributi	ons fron	Individu	ıals				
Last Name Goldblatt	First Name Charlotte			MI	Cash	contribution: X Personal C y Order Credit/Del		Contribution 0052	on ID#	Amount of Contribution
Residential Street Address 120 Coram Ln		City Orange			State CT	Zip Code 06477		ate Received		
Principal Occupation Commercial R5 Broker		Name of E Self	Employer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contribu \$2	ations 200.00	\$200.00
Last Name Ansel	First Name Leah			MI	Cash	contribution: X Personal C y Order Credit/Del		Contribution 0054	on ID#	Amount of Contribution
Residential Street Address 425 E 63rd St		City New Yor	k		State NY	Zip Code 10065		ate Received 5/09/201		
Principal Occupation Designer/consultant		Name of E Self	imployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu	utions \$50.00	\$50.00
Last Name Boyle	First Name David			MI	Cash	contribution: X Personal C		Contribution 0055	on ID#	Amount of Contribution
Residential Street Address 158 Zaccheus Mead Ln		City Greenwi	ch		State CT	Zip Code 06831		Pate Received 05/16/201		
Principal Occupation Retired		Name of E None	Employer			Is this contribution associ fundraising event listed in If yes, list Event #		_{11?}	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contribu \$2	ations 250.00	\$250.00
Last Name Hillman	First Name Allan			MI P	Cash	contribution: X Personal C y Order Credit/Del		Contribution 0065	on ID#	Amount of Contribution
Residential Street Address 34 Pickwick Rd		City Hamden			State CT	Zip Code 06517		oate Received		
Principal Occupation Attorney		Name of E Kern &	Employer Hillman LLC			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu \$2	utions 250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Debra Hauser 2010							Origin	nal 07/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals		•	
Last Name WHite	First Name Ana		MI G	Cash	contribution: X Personal Character Credit/Debi	neck 006	tribution ID #	Amount of Contribution
Residential Street Address 14 Grouse Ln		City Woodbridge		State CT	Zip Code 06525	Date Rec 05/24/		
Principal Occupation Speech Language Pathologist		Name of Employer Self			Is this contribution associate fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ontributions \$150.00	\$150.00
Last Name Krystal	First Name Bonnie		MI B	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 006	tribution ID #	Amount of Contribution
Residential Street Address 119 Maplevale Dr		City Woodbridge		State CT	Zip Code 06525	Date Rec 05/28/		
Principal Occupation Psychologist		Name of Employer Self			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$100.00	\$100.00
Last Name Clapp	First Name John		MI	Cash	contribution: X Personal Character Credit/Debi	neck 006	tribution ID #	Amount of Contribution
Residential Street Address 70 High Ln		City North Haven		State CT	Zip Code 06473	Date Red 06/01/		
Principal Occupation Landscaper		Name of Employer Jakes Lawn and Garden			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate Co	ontributions \$150.00	\$150.00
Last Name Castater	First Name Eric		MI G	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 006	tribution ID #	Amount of Contribution
Residential Street Address 80 Town House Rd		City Hamden		State CT	Zip Code 06514	Date Rec 06/01/		
Principal Occupation Unemployed		Name of Employer None		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Debra Hauser 2010									Origin	al 07/12/2010
		B. Iten	nized Contributio	ons from	Individu	ıals				
Last Name Astrachan	First Name Karen			MI	Cash	contribution: X Personal C		Contributi	on ID#	Amount of Contribution
Residential Street Address 36 Hampton Close		City Orange		1	State CT	Zip Code 06477	D	ate Received		
Principal Occupation Designer		Name of Empl Self	loyer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contrib	utions 250.00	\$250.00
Last Name Fiedler	First Name Susan			MI B	Cash	contribution: X Personal C y Order Credit/Del		Contributi	on ID#	Amount of Contribution
Residential Street Address 90 Gilnock Dr		City New Haven	1		State CT	Zip Code 06515		ate Received		
Principal Occupation Entrepreneur		Name of Empl Self	loyer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribi	utions 100.00	\$100.00
Last Name Bracken	First Name Christoph	er		MI	Cash	contribution: Personal C y Order X Credit/Del		Contributi	on ID#	Amount of Contribution
Residential Street Address 51 Boston Post Rd		City Madison			State CT	Zip Code 06443		eate Received		
Principal Occupation Caterer		Name of Empl Culinary Co	•		-	Is this contribution associ fundraising event listed in If yes, list Event #		₁₁₂ L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contrib	ations 200.00	\$200.00
Last Name Garcia	First Name Magdalen	a		MI	Cash	contribution: Personal C y Order X Credit/Del		Contributi	on ID#	Amount of Contribution
Residential Street Address 143 Bradley St		City New Haven	1		State CT	Zip Code 06511		ate Received		
Principal Occupation RES		Name of Empl Cartus	loyer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contrib	ations \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	G DUE DATE
Friends Of Debra Hauser 2010							Origin	al 07/12/2010
		B. Itemized Contribution	ons from	Individu	als			
Last Name Blume	First Name Alyssa		MI	Method of o	contribution: X Personal Ch Order Credit/Debi	neck 0069	ution ID#	Amount of Contribution
Residential Street Address 22 Timber Ln		City Woodbridge		State CT	Zip Code 06525	Date Receiv 06/28/20		
Principal Occupation homemaker		Name of Employer none			Is this contribution associate fundraising event listed in the second of the second se		Yes X No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No Executive Legislative	dependent	utor a lobbyist child of a lobb	byist?	Aggregate Conti	ibutions \$250.00	\$250.00
Last Name Carasone	First Name John		MI	Method of c Cash Money	contribution: X Personal Character Credit/Debi	neck 0072	ution ID#	Amount of Contribution
Residential Street Address 120 Daniel Rd		City Hamden		State CT	Zip Code 06517	Date Receiv		
Principal Occupation Retired		Name of Employer None			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No Executive Legislative	dependent	utor a lobbyist child of a lobb	byist?	Aggregate Cont	ibutions \$200.00	\$200.00
						Total	of Section B	\$7,320.00
TOTAL OF ALL CONTRIBU	TIONS FI	ROM INDIVIDUALS	(Section	ons A & B)	(Total on Line 14	of Summary Pag	e)	\$7,320.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	DUE DATE		
Friends Of Debra Hauser 2010							Original	07/12/2010		
C1. Co	ntributi	ons	from Other C	ommi	ttees					
Name of Committee					Name of Treasurer					
Address			Is this contribution a fundraising event			Yes If yes, list Event	i #	Amount of Contribution		
City	State	Zip	Code	Date R	eceived	Aggregate Contributions				
				•	-	Total of S	Section C1			

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE				FILIN	NG DUE DATE				
Friends Of Debra Hauser 2010				Origi	nal 07/12/2010				
C2. Reimbursements or Payments from other Committees									
Name of Committee			Name of Treasurer						
Address			Date Received		Amount of Receipt				
City	State	Zip Code	Reimbursement for shared expense						
			Payment for goods and services						
Total of Section C2									

	I. MONETARY RECEIPTS (Section	on A-K)						
NAME OF COMMITTEE					FILING	DUE DATE		
Friends Of Debra Hauser 2010					Original	1 07/12/2010		
	D. Loans Received this Period							
Name of Lender				Source of Loan:	Is there a cosigner or Guarantor of	Amount Received		
Street Address	City	State	Zip Code	Candidate Individual	this loan?			
Name of Cosigner/Guarantor				Other Committee	No			
Street Address	City	State	Zip Code	Date Received				
Total of Section D								

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE						FILING DUE DATE					
Friends Of Debra Hauser	2010					Original 07/12/2010					
E. Personal Funds of the Candidate Received this Period											
Date Received 04/13/2010	Amount	\$5,000.00	Method of Payment Cash	X Personal Check		Credit/Debit Card					
Date Received 06/21/2010	Amount	\$10,000.00	Method of Payment Cash	X Personal Check		Credit/Debit Card					
				To	otal of Section	\$15,000.00					

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTE	FILING DUE DATE								
Friends Of Debra Hau	Original 07/12/2010								
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount				

I. Monetary Receipts (Section A-I)										
NAME OF COMMITTEE	FILING DUE DATE									
Friends Of Debra Hauser 2010	Origi	nal 07/12/2010								
G. Interest from Deposits in Authorized Accounts										
Name of Institution		Date Received		Total Amount Received						
Street Address	City		State	Zip Code		•				
Total of Section G										

I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTEE	FILING DUE DATE								
Friends Of Debra Hauser 2010	Original 07/12/2010								
H. Public Grant Fu									
Purpose of Grant: Initial Primary General or Special Election	Supplemental/Independent l	Expenditure General or Special Election	Date Received	Amount					
Supplemental/Post Election Deficit General or Special Election	Supplemental/Excess Exper	nditure General or Special Election							
			Total of Section	н					

I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTEE	FILI	NG DUE DATE							
Friends Of Debra Hauser 2010				Origi	inal 07/12/2010				
I. Miscellaneous Monetary Receipts not Considered Contributions									
Name Date of Transaction			saction		Amount Received				
Street Address	City	State Zip							
Description									
Total of Section 1									

	II. FUNDRAISING	G EVENT ACTIVITY							
NAME OF					FILING DUE	DATE			
COMMITTEE Friends Of Debra H	lauser 2010				Original 07/12	/2010			
J1. Fundraising Event Information									
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City	у	State	Zip Code			
Date of Fundraiser Letter 04/22/2010 A	Speech Event	396 Livingston St	Ne	ew Haven	СТ	06511			
Was this fundraising event he									
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No					
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	X No					
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City	у	State	Zip Code			
05/07/2010 C	Reception Event	11 Hunters Ridge Rd	W	oodbridge	СТ	06525			
Was this fundraising event he	osted at a personal residence?	•	X Yes	No					
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No					
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	X No					

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE							FILING	G DUE DATE		
Friends Of Debra Hauser 2010							Origin	nal 07/12/2010		
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items										
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI	Method of payment: Cash Personal Check Credit/Debit Car					Aggregate Amount of Purchases		
Residential Street Address	City	State	e	Zip Code	Date Received	Event #				
Items Purchased		•				•				
Total of Section J2										

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE							FILING	G DUE DATE		
Friends Of Debra Hauser 2010						Origin	al 07/12/2010			
J3. In-Kind Donations Not Considered Contributions										
Name of the Donor Suzanne Hecht					Donation Gi	_	ess Entity	Fair Market Value of Donation		
Street Address 41 Hunters Ridge Rd	City Woodbridge	State Zip CT 065			Code 15	Aggregate value for this even				
Description of Donation Food		1	Receive 28/20		Event # 050710C			\$151.00		
						Total of Se	ction J3	\$151.00		

	III. N	ION	МО	NETARY RECEIPTS					
NAME OF COMMITTEE								FILING I	DUE DATE
Friends Of Debra Hauser 2010 Original 0								07/12/2010	
K. In-Kind Contributions									
Name							Date Receiv	ed	Fair Market Value of this Contribution
Street Address		C	City	State Zip Code					
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes No	Is contributor a principal of a state contractor? If yes, indicate which branch or branches government the contract is with:		Yes No Legislative			
Is this contribution associated with a fund listed in Section J1? If yes, list Event#		Yes No	Desc	cription of In-Kind Contribution			Aggregate contr	ributions	
							Total of	f Section K	

III. Non Monetary Receipts									
NAME OF COMMITTEE	FILING DUE DATE								
Friends Of Debra Hauser 2010							Original 07/12/2010		
L. Refundable Deposit to Telephone Company									
Last Name (Individuals Only)	First Name			MI	Date Received		Amount of Deposit		
Street Address	City State			Zip Code					
Name of Telephone company									
Street Address		City			State	Zip Code			
						Total of Section	L		

III. NONMONETARY RECEIPTS										
NAME OF COMMITTEE						F	LING DUE DATE			
Friends Of Debra Hauser 2010						О	riginal 07/12/2010			
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee										
Name of Committee	Name of Treasurer									
Street Address			Date N	otice Receive	ed	Fair Market Value of Donation				
City	State	Zip Code Aggregate Donations				S				
Description of Donation	Purpose of E	xpenditure B	С	D	Е					
Total of Section M										

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Debra Hauser 2010						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Internal Revenue Service				Date of Payment 04/15/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	EFT Debit Car	vd.	
Service Center	Andover	MA	05501	Misc *	_	a	
Description Payroll Tax					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$247.28
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Dana Altbauer	Γ	1	1	04/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	EET .		
535 Prospect St	New Haven	СТ	06511	WAGE	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			to 200 40
X No				<u> </u>	1		\$3,232.40
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Audubon Copy Shop	Γ	Π		04/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1002 Debit Car	vd.	
48 Whitney Ave	New Haven	СТ	06510	A-OTH		u	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$530.00
X No							1

IV. EXPENDITURES	
NAME OF COMMITTEE FIL	LING DUE DATE
Friends Of Debra Hauser 2010 Orig	ginal 07/12/2010
N. Expenses Paid By Committee	
Name of Payee Date of Payment Method of Payment	Amount
ADP 04/23/2010 X Check#	
Street Address City State Zip Code Purpose of Expenditure EFT 300 Long Beach Blvd Stratford CT 06615 Misc * Debit Card	
Stration Stration	4
Description Event #	
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?]
Yes X No	\$87.87
Name of Payee Date of Payment Method of Payment	Amount
Chase 04/23/2010 X Check #	
Street Address City State Zip Code Purpose of Expenditure EFT	
234 Church St New Haven CT BNK Debit Card	
Description Event #	
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?	
Yes X No	\$25.00
Name of Payee Date of Payment Method of Payment	Amount
AD Perkins 04/27/2010 X Check #	
Street Address City State Zip Code Purpose of Expenditure 1003	
43 Elm St New Haven CT 06510 OFFICE Debit Card	_
Description Event #	
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?	
Yes X No	\$21.94

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Debra Hauser 2010						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	nent	Amount
Internal Revenue Service				04/29/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>EFT</u>		
Service Center	Andover	MA	05501	Misc *	Debit Car	d	
Description			•		Event #		
Payroll Tax							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$59.35
Name of Payee				Date of Payment	Method of Pay	nent	Amount
Dana Altbauer				05/06/2010	l ·		
					X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	Debit Car	d	
535 Prospect St	New Haven	СТ	05611	WAGE			
Description					Event #		
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	ame		Office Sought			
which reimbursement is sought? Yes No							\$775.76
Name of Payee				Date of Payment	Method of Pay	nent	Amount
ADP				05/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>EFT</u>		
300 Long Beach Blvd	Stratford	СТ	06615	WAGE	Debit Car	d	
Description			-		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$62.62

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Debra Hauser 2010						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Internal Revenue Service		l		05/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	EFT Debit Car	d	
Service Center	Andover	MA	05501	Misc *		u	
Description Payroll Tax					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$79.13
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Greg Genecin				05/17/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	EFT		
340 St Ronan St	New Haven	СТ	06511	WAGE	Debit Car	d	
Description			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$1,034.37
Name of Payee				Date of Payment	Method of Pay	ment	Amount
ADP				05/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>EFT</u>		
300 Long Beach Blvd	Stratford	СТ	06615	Misc *	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes							\$87.87
X No							

IV. EXPENDITURES	S					
					FILI	NG DUE DATE
					Origi	nal 07/12/2010
N. Expenses Paid By Commi	ttee				•	
			Date of Payment	Method of Payr	ment	Amount
			05/28/2010	X Check #		
City	State	Zip Code	Purpose of Expenditure	<u>EFT</u>		
Andover	MA	05501	Misc *	Debit Car	ď	
			•	Event #		
r Other Candidate(s) N	ame		Office Sought			
						\$98.91
			Date of Payment	Method of Pavi	ment	Amount
				<u> </u>		
a:	L		+	1—		
		_	1		rd	
New Haven	СТ	06511	WAGE		-	
				Event #		
r Other Candidate(s) N	lame		Office Sought	•		
\$ \$ (v)						
						\$1,292.97
			Date of Payment	Method of Payr	ment	Amount
			06/02/2010	X Check #		
City	State	Zip Code	Purpose of Expenditure	<u>EFT</u>		
New Haven	СТ		CNSLT	Debit Car	d	
		•		Event #		
r Other Candidate(s) N	lame		Office Sought	•		
						\$1,750.00
	City Andover City New Haven City New Haven	Andover Other Candidate(s) Name City New Haven Other Candidate(s) Name City State CT City New Haven City City City City City City City Cit	City State Andover Other Candidate(s) Name City State Andover State City Other Candidate(s) Name City State CT Other Candidate(s) Name City State CT State CT Other Candidate(s) Name City State CT State CT Other Candidate(s) Name	N. Expenses Paid By Committee Date of Payment O5/28/2010 City	N. Expenses Paid By Committee Date of Payment O5/28/2010 Check #	N. Expenses Paid By Committee N. Expenses Paid By Committee

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Debra Hauser 2010						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee ADP				Date of Payment 06/11/2010	Method of Payi	nent	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>EFT</u>		
300 Long Beach Blvd	Stratford	СТ	06615	Misc *	Debit Car	d	
Description			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$62.62
Name of Payee				Date of Payment	Method of Payr	nent	Amount
Internal Revenue Service				06/14/2010	l `	nem	rinount
	Cit.	a	z: c :		X Check #		
Street Address Service Center	City Andover	State MA	Zip Code 05501	Purpose of Expenditure Misc *	Debit Car	d	
Description	Alldovel	<u> </u>	00001	15	Event #		
Paroll Tax							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$98.91
Name of Payee				Date of Payment	Method of Payı	nent	Amount
Greg Genecin	Г		T	06/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
340 St Ronan St	New Haven	СТ	06511	WAGE	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$1,298.97

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Debra Hauser 2010						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Campaign Management		I		06/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	EFT Debit Car	d	
402 Huntingtin St	New Haven	СТ	06515	CNSLT		u	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$1,750.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Chase				06/25/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>EFT</u>		
234 Church St	New Haven	СТ	06510	BNK	Debit Car	d	
Description			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$34.00
Name of Payee				Date of Payment	Method of Pays	ment	Amount
ADP				06/25/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
300 Long Beach Blvd	Stratford	СТ	06615	Misc *	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$87.87
No No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Debra Hauser 2010						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Paypal				06/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>EFT</u>		
PO Box 45950	Omaha	NE	68145	Misc *	Debit Car	ď	
Description					Event #		
Service Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$17.15
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Internal Revenue Service				06/30/2010	<u> </u>		
				+ ' '	X Check #		
Street Address	City	State	Zip Code 05501	Purpose of Expenditure Misc *	Debit Car	ď	
Service Center Description	Andover	MA	05501	MISC **	Event #	-	
Payroll Tax					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
x No							\$98.91
					Total of Sec	ction N	\$12,833.90

	IV.	EXPENDITURES						
NAME OF COMMITTE	EE						FILING	DUE DATE
Friends Of Debra Hau	ser 2010						Original	1 07/12/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee Staples				Date of Payme 04/02/201		Is Reimbu Claimed?	rsement	Amount
Street Address Skiff & Dixwell Ave		City Hamden	State CT	Zip Code 06514		X No		
Purpose of Expenditure OFFICE	Description				Event #	#		\$33.10
Name of Payee Staples				Date of Payme 04/07/201		Is Reimbu Claimed?		Amount
Street Address Skiff St & Dixwell Ave		City Hamden	State CT	Zip Code 06514		X No		
Purpose of Expenditure FNDR	Description copies of invitations to fundrais	er			Event #	# 2010A		\$25.97
Name of Payee Staples				Date of Payme 04/07/201		Is Reimbu Claimed?	rsement	Amount
Street Address 80 Boston Post Rd		City Orange	State CT	Zip Code 06477		X No		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	¥		\$16.99
Name of Payee Ansonia Post Office				Date of Payme 04/07/201		Is Reimbu Claimed?		Amount
Street Address 237 Main St		City Ansonia	State CT	Zip Code 06401	ı	X No		
Purpose of Expenditure OFFICE	Description Stamps				Event #	¥		\$44.00

	IV.	EXPENDITURES						
NAME OF COMMITTE	DE .						FILING	DUE DATE
Friends Of Debra Hau	ser 2010						Original	1 07/12/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee Staples				Date of Payme 04/07/201		Is Reimbu Claimed?	ursement	Amount
Street Address Skiff & Dixwell Ave		City Hamden	State CT	Zip Code 06514		X No		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	ŧ		\$11.10
Name of Payee Campaignswon.com				Date of Payme 04/13/201		Is Reimbu Claimed?		Amount
Street Address 12 Boston Tpke		City Coventry	State CT	Zip Code 06238		X No		
Purpose of Expenditure A-OTH	Description walking cards				Event #	<i>‡</i>		\$2,297.00
Name of Payee AT&T				Date of Payme		Is Reimbu Claimed?		Amount
Street Address PO Box 8110		City Aurora	State IL	Zip Code 60507		X No	es	
Purpose of Expenditure OVHD	Description Campaign Phone line Bill				Event #	ŧ		\$246.59
Name of Payee Target				Date of Payme 04/19/201		Is Reimbu Claimed?		Amount
Street Address 20 W Main St		City Ansonia	State CT	Zip Code 06401		X No		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	ŧ		\$2.27

	IV	EXPENDITURES						
	17.	IM ENDITONES						
NAME OF COMMITTE								DUE DATE
Friends Of Debra Hau	ser 2010						Original	1 07/12/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee New Haven MPO				Date of Payme 04/19/201		Is Reimbu Claimed?	ırsement	Amount
Street Address 767 Orange St		City New Haven	State CT	Zip Code 06511		X No		
Purpose of Expenditure OFFICE	Description Stamps			•	Event #	ŧ		\$28.00
Name of Payee Staples				Date of Payme 04/20/201		Is Reimbu Claimed?		Amount
Street Address Skiff & Dixwell Ave		City Hamden	State CT	Zip Code 06514		X No		
Purpose of Expenditure OFFICE	Description Office Supplies			•	Event #	ŧ		\$7.73
Name of Payee Ansonia Post Office				Date of Payme		Is Reimbu Claimed?	irsement	Amount
Street Address 237 Main St		City Ansonia	State CT	Zip Code 06401		X No		
Purpose of Expenditure POST	Description				Event #	ŧ		\$56.00
Name of Payee Tyco Printing				Date of Payme 04/27/201		Is Reimbu Claimed?		Amount
Street Address 262 Elm St		City New Haven	State CT	Zip Code 06511		X No		
Purpose of Expenditure PRNT	Description walking cards				Event #	ŧ		\$291.50

	IV.	. EXPENDITURES						
NAME OF COMMITTE	EE						FILING	DUE DATE
Friends Of Debra Hau	ıser 2010						Origina	1 07/12/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee Staples				Date of Payme 05/05/201		Claimed		Amount
Street Address 15 Ridge Rd		City Putnam	State CT	Zip Code 06260		=	Yes No	
Purpose of Expenditure OFFICE	Description Toner				Event#			\$237.42
Name of Payee Tyco Printing				Date of Payme		Claimed		Amount
Street Address 262 Elm St		City New Haven	State CT	Zip Code 06511		=	Yes No	
Purpose of Expenditure OFFICE	Description				Event#			\$26.50
Name of Payee Staples				Date of Payme		Is Reiml Claimed	bursement	Amount
Street Address 430 Universal Dr		City North Haven	State CT	Zip Code 06473		=	Yes No	
Purpose of Expenditure OFFICE	Description				Event #			\$31.77
Name of Payee Staples				Date of Payme 05/12/201		Claimed	bursement ? Yes	Amount
Street Address Skiff & Dixwell Ave		City Hamden	State CT	Zip Code 06514		=	No .	
Purpose of Expenditure OFFICE	Description				Event #			\$23.79

	IV.	EXPENDITURES						
NAME OF COMMITTE	EE .						FILING	DUE DATE
Friends Of Debra Hau	ser 2010						Original	1 07/12/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee Custom Tees Plus				Date of Payme 05/12/201		Is Reimbu Claimed?	rsement	Amount
Street Address 365 Whalley Ave		City New Haven	State CT	Zip Code 06511		X No		
Purpose of Expenditure A-OTH	Description T Shirts				Event #			\$501.92
Name of Payee Staples				Date of Payme 05/12/201		Is Reimbu Claimed?		Amount
Street Address Skiff St & Dixwell Ave		City Hamden	State CT	Zip Code 06514		X No		
Purpose of Expenditure OFFICE	Description				Event #			\$22.25
Name of Payee Access Audio Visual Syste	e			Date of Payme 05/13/201		Is Reimbu Claimed?	rsement	Amount
Street Address 420 Sackett Pt		City New Haven	State CT	Zip Code 06473		X No		
Purpose of Expenditure Misc *	Description AV equipment				Event #	!		\$344.00
Name of Payee Staples				Date of Payme 05/21/201		Is Reimbu Claimed?		Amount
Street Address 85 N Main St		City Branford	State CT	Zip Code 06405		No.		
Purpose of Expenditure OFFICE	Description				Event #	!		\$75.25

	IV.	EXPENDITURES						
NAME OF COMMITTE	Œ						FILING	DUE DATE
Friends Of Debra Hau	ser 2010					(Original	07/12/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee Custom Tees Plus				Date of Payment 05/24/2010		eimbursei imed?	ment	Amount
Street Address 365 Whalley Ave		City New Haven	State CT	Zip Code 06511	X	Yes No		
Purpose of Expenditure A-OTH	Description Tee Shirts			Ev	vent#			\$710.20
Name of Payee Romeo & Cesare's				Date of Payment 05/24/2010		teimbursei imed?	ment	Amount
Street Address 771 Orange St		City New Haven	State CT	Zip Code 06511		Yes No		
Purpose of Expenditure FOOD	Description			Ev	vent #			\$35.95
Name of Payee Eli Whitney Museum				Date of Payment 05/24/2010		teimburser	ment	Amount
Street Address 915 Whitney Ave		City Hamden	State CT	Zip Code 06517		Yes No		
Purpose of Expenditure Misc *	Description space rental			Ev	vent #			\$300.00
Name of Payee Amity Retail Post Office				Date of Payment 06/08/2010		teimburser	ment	Amount
Street Address 1449 Whalley Ave		City New Haven	State CT	Zip Code 06515	x	Yes No		
Purpose of Expenditure OFFICE	Description Stamps			Ev	vent#			\$56.00

	IV.	EXPENDITURES						
NAME OF COMMITTE	EE .						FILING	DUE DATE
Friends Of Debra Hau	ser 2010						Original	1 07/12/2010
O. Campaign Expenses Paid By Candidate								
Name of Payee Romeo & Cesares				Date of Payme 06/14/201		Is Reimbu Claimed?	ırsement	Amount
Street Address 771 Orange St		City New Haven	State CT	Zip Code 06511	Yes X No			
Purpose of Expenditure FOOD	Description				Event #	ŧ		\$44.12
Name of Payee Maureen Gaffney				Date of Payme 06/15/201	Claimad2			Amount
Street Address 500 Prospect St		City New Haven	State CT	Zip Code 06510		Yes X No		
Purpose of Expenditure CNSLT	Description				Event #	ŧ		\$1,000.00
Name of Payee Staples				Date of Payme		Is Reimbu Claimed?	irsement	Amount
Street Address Skiff St & Dixwell Ave		City Hamden	State CT	Zip Code 06514		X No		
Purpose of Expenditure OFFICE	Description Labels				Event #	ŧ		\$25.43
Name of Payee Steve Perlmutter				Date of Payme 06/17/201		Is Reimbu Claimed?		Amount
Street Address 25 Fairlawn Ave		City Branford	State CT	Zip Code 06405		Yes X No		
Purpose of Expenditure Misc *	Description Photos				Event #	ŧ		\$238.50

	IV.	EXPENDITURES						
NAME OF COMMITTE	EE						FILING	DUE DATE
Friends Of Debra Hau	ser 2010						Original	1 07/12/2010
O. Campaign Expenses Paid By Candidate								
Name of Payee New Haven MPO				Date of Payme 06/23/201		Is Reimbu Claimed?	ırsement	Amount
Street Address 767 Orange St		City New Haven	State CT	Zip Code 06511	Yes X No			
Purpose of Expenditure POST	Description				Event #	ŧ		\$56.00
Name of Payee Amity Retail Post Office				Date of Paymo	Claimad?			Amount
Street Address 1449 Whalley Ave		City New Haven	State CT	Zip Code 06515		Yes X No		
Purpose of Expenditure POST	Description				Event #	ŧ		\$84.00
Name of Payee Staples				Date of Paymo		Is Reimbu Claimed?	rsement	Amount
Street Address Skiff St & Dixwell Ave		City Hamden	State CT	Zip Code 06514		X No	es	
Purpose of Expenditure OFFICE	Description				Event #	ŧ		\$7.73
Name of Payee Walgreens				Date of Payme 06/28/201		Is Reimbu Claimed?		Amount
Street Address 1697 Whitney Ave		City Hamden	State CT	Zip Code 06517		Yes X No		
Purpose of Expenditure Gift *	Description 8 - \$10 Gift Cards				Event #	ŧ		\$80.00

IV. EXPENDITURES								
NAME OF COMMITTE	EE						FILING	DUE DATE
Friends Of Debra Hau	ser 2010						Origina	1 07/12/2010
O. Campaign Expenses Paid By Candidate								
Name of Payee Hamden Post Office				Date of Payme 06/28/201		Is Reimbu Claimed?	ırsement	Amount
Street Address 1744 Dixwell Ave		City Hamden	State CT	Zip Code 06514		Yes X No		
Purpose of Expenditure POST	Description				Event #	1		\$51.52
Name of Payee A Photographic Sensation	1			Date of Payme 06/29/201	Claimad2			Amount
Street Address 1074 Main St		City Cheshire	State CT	Zip Code 06410		Yes X No		
Purpose of Expenditure Misc * Description CD Photo Releases Event #						\$18.90		
Name of Payee Whitneyville Food				Date of Payme 06/29/201		Is Reimbu Claimed?	ırsement	Amount
Street Address 1248 Whitney Ave		City Hamden	State CT	Zip Code 06517		X No	es O	
Purpose of Expenditure FOOD	Description				Event #			\$369.89
Name of Payee Date of Payment Premium Graphicx 06/29/2010				/2010 Claimed?			Amount	
Street Address 5512 Mitchelldale		City Houston	State TX	Zip Code 77092		Yes X No		
Purpose of Expenditure A-SIGN	Description Lawn Signs				Event #	ŧ		\$543.00

IV. EXPENDITURES								
NAME OF COMMITTE	EE .						FILING	DUE DATE
Friends Of Debra Hau	ser 2010						Origina	1 07/12/2010
O. Campaign Expenses Paid By Candidate								
			Date of Paymo		Is Reimbursement Claimed?		Amount	
Street Address PO Box 8110		City Aurora	State IL	Zip Code 60507	Yes X No			
Purpose of Expenditure OVHD	Description phone bill				Event #	ŧ		\$86.07
Name of Payee Hamden Post Office				1 ' 1		Is Reimbursement Claimed?		Amount
Street Address 1744 Dixwell Ave		City Hamden	State CT	Zip Code 06514		Yes X No		
Purpose of Expenditure Misc *	Description Flags			•	Event #	ŧ		\$132.00
Name of Payee Maureen Gaffney			· · ·		Is Reimbu Claimed?		Amount	
Street Address 500 Prospect St		City New Haven	State CT	Zip Code 06510			es	
Purpose of Expenditure CNSLT	Description				Event #	ŧ		\$1,000.00
						Total of	Section O	\$9.162.46

NAME OF COMMITTEE	FI	FILING DUE DATE					
Friends Of Debra Hauser 2010							riginal 07/12/2010
P. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution Type of Credit Card:							
			Visa	Master Card	Discover	Amer	rican
			Other				
Name of Vendor					Date of Transaction		Amount
Street Address		City	State	Zip Code			
Purpose of Expenditure	Description		·	•	Event #		
Total of Section P							

IV. EXPENDITURES								
NAME OF CO)MMITTEE				FILING	DUE DATE		
Friends Of D	ebra Hauser 2010				Origina	1 07/12/2010		
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor Harty Press In	c.		Date Incurred 06/29/2010	Event #		Amount Incurred (Estimate or		
Street Address 25 James St		City New Haven		State CT	Zip Code 06513	Actual)		
Purpose of Expenditure PRNT	Description							
Is this expenditure which reimbursemed Yes No	coordinated with another candidate for Other Candidate of the Candidate for Other Cand	ate(s) Name	Office Sought			\$704.90		
Name of Creditor Campaigns Wo	on.Com		Date Incurred 06/29/2010	Event #		Amount Incurred		
Street Address 12 Boston Tpk	е	City Coventry		State CT	Zip Code 06238	(Estimate or Actual)		
Purpose of Expenditure A-DM	Description							
Is this expenditure which reimbursemed Yes X No	coordinated with another candidate for Other Candidate for ent is sought?	ate(s) Name	Office Sought			\$3,409.56		
				Total of	Section O	\$4.114.46		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Friends Of Debra Hauser 2010					Origin	nal 07/12/2010	
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants				
Name of Worker/Consultant		Date of Payment		Method of Payment Check #		Amount	
Secondary Payee		Purpose of Expenditure		Debit Card			
Street Address	City		State	Zip Code			
Description				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	date(s) Name	Office	Sought	!			
Yes No							
				Total of Se	ection R		

IV. EXPE	ENDITURES						
NAME OF COMMITTEE				FII	LING DUE DATE		
Friends Of Debra Hauser 2010				Ori	ginal 07/12/2010		
S. Surplus Distribution of Equipment and Furniture							
Name of Recipient					Original Purchase Amount of Item		
Street Address	City	State	Zip Code				
Description							
Total of Section S							